

United States Bankruptcy Court

INVOLUNTARY
PETITION

Northern

District of

Illinois

IN RE (Name of Debtor - If individual: Last, First, Middle)

Ravenswood Medical Resources Corporation

ALL OTHER NAMES used by debtor in the last 6 years
(Include married, maiden, and trade names.)LAST FOUR DIGITS OF SOC. SEC. NO. (Complete EIN or other TAX I.D.
NO. (If more than one, state all.) 36-4005893STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)
1229 North Branch
Suite 107A
Chicago, IL 60622COUNTY OF RESIDENCE OR
PRINCIPAL PLACE OF BUSINESS
CookMAILING ADDRESS OF DEBTOR (If different from street address)
Howard Samuels, assignee for the benefit of
creditors

Rally Capital Services, LLC

350 N. LaSalle Street, Suite 1100
Chicago, IL 60610

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

☒ Chapter 7☐ Chapter 11

INFORMATION REGARDING DEBTOR (Check applicable boxes)

Petitioners believe:

- ☐ Debts are primarily consumer debts
☒ Debts are primarily business debts

TYPE OF DEBTOR

- ☐ Individual ☐ Stockbroker
☐ Partnership ☐ Commodity Broker
☒ Corporation ☐ Railroad
☐ Other: _____

BRIEFLY DESCRIBE NATURE OF BUSINESS

middleman for providing medical supplies

VENUE

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.

FILING FEE (Check one box)

- ☒ Full Filing Fee attached
- ☐ Petitioner is a child support creditor or its representative, and the forms specified in § 304 (g) of the Bankruptcy Reform Act of 1994 is attached.

PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER
OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)

Name of Debtor

Case Number

Date

Relationship

District

Judge

ALLEGATIONS
(Check applicable boxes)

1. ☒ Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).
2. ☒ The debtor is a person against whom an order for relief may be entered under of the United States Code.
- 3.a. ☒ The debtor is generally not paying such debtor's debts as they become due, or such debts are the subject of a bona fide dispute;
- or
- b. ☐ Within 120 days preceding the filing of this petition, a custodian, other than a receiver, or agent appointed or authorized to take charge of less than substantial of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

U.S. Bankruptcy Court

Northern District Of Illinois

Filed: 10/26/2004

Time: 16:41:50

Debtor: RAVENSWOOD MEDICAL RESO

Case: 04-39804 Fee: 209

Chapter: 7 Rec. #: 3108148

Judge: Jacqueline Cox



1:04BK39804-BK001

FORM 5 Involuntary Petition
(6/92)

Case No. _____ (court use only)

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

Kevin M. Major - REGIONAL CREDIT MGR
Signature of Petitioner or Representative (State title)

Unisource Worldwide, Inc. 10/26/04
Name of Petitioner Date Signed

Kevin Major
Name & Mailing 850 N. Arlington Heights Rd

Itasca, IL 60143
Address of Individual

Signing in Representative
Capacity

Cindy M. Johnson 10/26/04
Signature of Attorney Date

Johnson & Associates

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address
Chicago, IL 60603

Telephone No.
312-345-1306

X
Signature of Petitioner or Representative (State title)
Diagnostic Products Corporation

Name of Petitioner Date Signed

Wilma Splaha

Name & Mailing 5700 W. 96th St.

Address of Individual Los Angeles, CA 90045

Signing in Representative
Capacity

X
Signature of Attorney Date

Johnson & Associates

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address
Chicago, IL 60603

Telephone No.
312-345-1306

X
Signature of Petitioner or Representative (State title)
Olympus America, Inc.

Name of Petitioner Date Signed

Douglas Zullo

Name & Mailing 2 Corporate Center Dr,

Address of Individual Melville, NY 11747

Signing in Representative

Capacity

X
Signature of Attorney Date

Johnson & Associates

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address
Chicago, IL 60603

Telephone No.
312-345-1306

PETITIONING CREDITORS

Name and Address of Petitioner <u>Unisource Worldwide, Inc. 850 N. Arlington Heights Rd., Itasca, IL 60143</u>	Nature of Claim <u>trade debt</u>	Amount of Claim <u>\$ 273,495.97</u> <u>plus interest</u>
Name and Address of Petitioner <u>Diagnostic Products Corporation, 5700 W. 96th Street, Los Angeles, CA 90045</u>	Nature of Claim <u>trade debt</u>	Amount of Claim <u>\$ 65,977.57</u>
Name and Address of Petitioner <u>Olympus America, Inc., 2 Corporate Center Dr., Melville, NY 11747</u>	Nature of Claim <u>trade debt</u>	Amount of Claim <u>\$ 359,357.76</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>\$ 698,831.30</u>

Name of Debtor Ravenswood Medical Resources Corp.FORM 5 Involuntary Petition
(6/92)

Case No. _____

(court use only)

TRANSFER OF CLAIM

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X
Signature of Petitioner or Representative (State title)
Unisource Worldwide, Inc.
Name of Petitioner _____ Date Signed _____
Kevin Major
Name & Mailing _____
850 N. Arlington Heights Rd
Address of Individual _____
Itasca, IL 60143
Signing in Representative _____
Capacity _____

X
Signature of Attorney _____ Date _____
Johnson & Associates
Name of Attorney Firm (If any) _____
105 W. Adams St., Suite 3500
Address _____
Chicago, IL 60603
Telephone No. _____
312-345-1306

x Wilma Splaha, Credit Manager
Signature of Petitioner or Representative (State title)
Diagnostic Products Corporation 10-21-04
Name of Petitioner _____ Date Signed _____
Wilma Splaha
Name & Mailing _____
5700 W. 96th St.
Address of Individual _____
Los Angeles, CA 90045
Signing in Representative _____
Capacity _____

x Cindy M. Johnson 10/26/04
Signature of Attorney _____ Date _____
Johnson & Associates
Name of Attorney Firm (If any) _____
105 W. Adams St., Suite 3500
Address _____
Chicago, IL 60603
Telephone No. _____
312-345-1306

X
Signature of Petitioner or Representative (State title)
Olympus America, Inc.
Name of Petitioner _____ Date Signed _____
Douglas Zullo
Name & Mailing _____
2 Corporate Center Dr.,
Address of Individual _____
Melville, NY 11747
Signing in Representative _____
Capacity _____

X
Signature of Attorney _____ Date _____
Johnson & Associates
Name of Attorney Firm (If any) _____
105 W. Adams St., Suite 3500
Address _____
Chicago, IL 60603
Telephone No. _____
312-345-1306

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(6/92)

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X
Signature of Petitioner or Representative (State title)
Unisource Worldwide, Inc.
Name of Petitioner _____ Date Signed _____
Kevin Major
Name & Mailing _____
850 N. Arlington Heights Rd
Address of Individual _____
Itasca, IL 60143
Signing in Representative _____
Capacity _____

X
Signature of Attorney _____ Date _____
Johnson & Associates
Name of Attorney Firm (If any) _____
105 W. Adams St., Suite 3500
Address _____
Chicago, IL 60603
Telephone No. _____
312-345-1306

X
Signature of Petitioner or Representative (State title)
Diagnostic Products Corporation
Name of Petitioner _____ Date Signed _____
Wilma Splaha
Name & Mailing _____
5700 W. 96th St.
Address of Individual _____
Los Angeles, CA 90045
Signing in Representative _____
Capacity _____

X
Signature of Attorney _____ Date _____
Johnson & Associates
Name of Attorney Firm (If any) _____
105 W. Adams St., Suite 3500
Address _____
Chicago, IL 60603
Telephone No. _____
312-345-1306

X Douglas A. Zullo - Chief Credit Officer
Signature of Petitioner or Representative (State title)
Olympus America, Inc.
Name of Petitioner _____ Date Signed _____
10/21/04
Douglas Zullo
Name & Mailing _____
2 Corporate Center Dr.,
Address of Individual _____
Melville, NY 11747
Signing in Representative _____
Capacity _____

X Cynthia A. Johnson 10/26/04
Signature of Attorney _____ Date _____
Johnson & Associates
Name of Attorney Firm (If any) _____
105 W. Adams St., Suite 3500
Address _____
Chicago, IL 60603
Telephone No. _____
312-345-1306

PETITIONING CREDITORS

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Continuation sheets attached